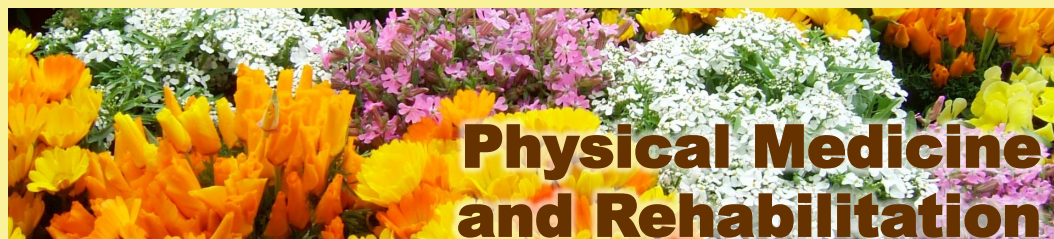


Spring 2021
Hines VA Hospital
5000 S. Fifth Ave
Hines, IL 60141



Physical Medicine and Rehabilitation

For more information, contact us at Comprehensive Inpatient Rehabilitation Program, (708) 202-8387, ext. 21256.

James Doelling, Hines
Hospital Director

Marilyn Pacheco, MD,
Chief, Rehabilitation
Service

Melanie Querubin, MD,
Acting Medical Director,
Inpatient Rehab Unit

Lora Coffelt, RN, Clinical
Nurse Manager

Stephanie Sawin, LCSW,
Social Worker

“Bubble” Helmet Fights COVID-19



As Hines staff scrambled to deal with respiratory effects of COVID-19, they borrowed a method used by their Italian counterparts: respiratory or “bubble” helmets.

Already used for some time across southern Europe to treat patients in respiratory distress, the helmets, which provide pressurized oxygen without the need for a ventilator, or breathing machine, seemed a good option to use here for several reasons.

Bubble helmets are more comfortable, allow patients to breathe more naturally, and can reduce the need for intubation.

The helmets don’t cause skin breakdown like an oxygen mask can, and keep medical staff away from infectious airways. Further, because their

Inside this issue:

<i>SAVE LIVES Act</i>	<i>2</i>
<i>Hines OT Month</i>	<i>2</i>
<i>Hearing Aids Adjustment</i>	<i>3</i>
<i>New Patient Wait Times</i>	<i>3</i>
<i>Stop the Bleed®</i>	<i>4</i>
<i>2021 Accreditation Surveys</i>	<i>4</i>
<i>Staffing Updates</i>	<i>5</i>
<i>Parkinson’s Exercises</i>	<i>5</i>
<i>Post-TBI Return to Activity</i>	<i>6</i>
<i>Prosthetic Mouse</i>	<i>6</i>
<i>Acupressure</i>	<i>7</i>
<i>Prosthetics “Hines Heroes”</i>	<i>7</i>
<i>Rehabilitation Outcomes Data</i>	<i>8-11</i>
<i>VVC Hits One Year Mark</i>	<i>11</i>
<i>Safe Patient Handling/Mobility</i>	<i>12</i>

Our Mission Summary

The Mission of Physical Medicine and Rehabilitation Services is to assist our Veterans in achieving their fullest physical potential, and to support their psychological and social adjustment to enhance community reintegration.

Our Motto

Strength

Teamwork

Respect

Integrity

Dedication

Excellence

“Stride with Pride”

(continued on page 12)



CARF has accredited Hines’ Comprehensive Inpatient Program continuously since 1997

SAVE LIVES Act Expands Vaccine Eligibility

Prior to the SAVE LIVES Act, VA was only vaccinating Veterans receiving care at VA.

SAVE LIVES Act expands COVID-19 vaccine eligibility to the following groups during the pandemic:

All Veterans

Anyone who served in the U.S. military, to include:

- National Guard
- Reserves
- Coast Guard
- Commissioned members of the National Oceanic and Atmospheric Administration or the U.S. Public Health Service
- Cadets or midshipmen of the U.S. military academies

Caregivers of a Veteran

Family member or friend who:

- Provides care to the Veteran
- Helps the Veteran with personal needs like feeding, bathing, or dressing
- May also help the Veterans with tasks like shopping or transportation
- Now includes 12 to 17 year-old caregivers

Spouses of Veterans

Spouses include:

- Those in same-sex and common-law marriages
- Widow or widower of a Veteran
- Individuals who characterize their relationship as spousal can receive the vaccine

Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) Recipients

- Spouses or children of permanently and totally disabled Veterans or Veterans who have died from service-connected disabilities
- Recipients must meet CDC vaccine age requirements

Hines and its CBOC's are now accepting walk-ins. See <https://www.facebook.com/HinesVAHospital> or www.va.gov/covid-19-vaccine for more information.

Hines' Occupational Therapy Staff



(Left to right, front row) Occupational Therapists Allan Marinas and Ruth Eusebio. (Back row) Occupational Therapists Renora Lewis, Camille Demott, Mini Nedumgottill, Jojo Joseph; Rana Blan, Chief of Occupational Therapy Vivian Holman, Certified Occupational Therapy Assistant Susie Wrencher-Dunson. Not pictured: OT's Jenny Beyer, Yvonne Chomer, and Joseph Jelinek

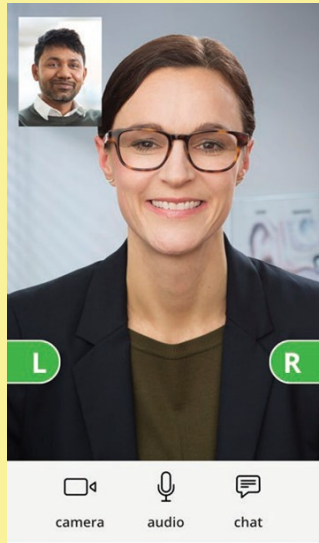
Remote Hearing Aid Adjustment Now Available

As a result of the COVID-19 pandemic, Hines Audiology now offers remote programming of hearing aids. This allows Veterans to receive care in the safety of their own homes.

Veterans can now download a hearing aid manufacturer's app to their smart phones and connect their hearing aids to the phone.

The audiologist then connects to the hearing aids using the manufacturer's hearing aids software, along with a video chat feature, so the Veteran participates at home in a virtual appointment.

Basic hearing aids adjustments are possible with this feature, allowing Veterans with the proper technolo-



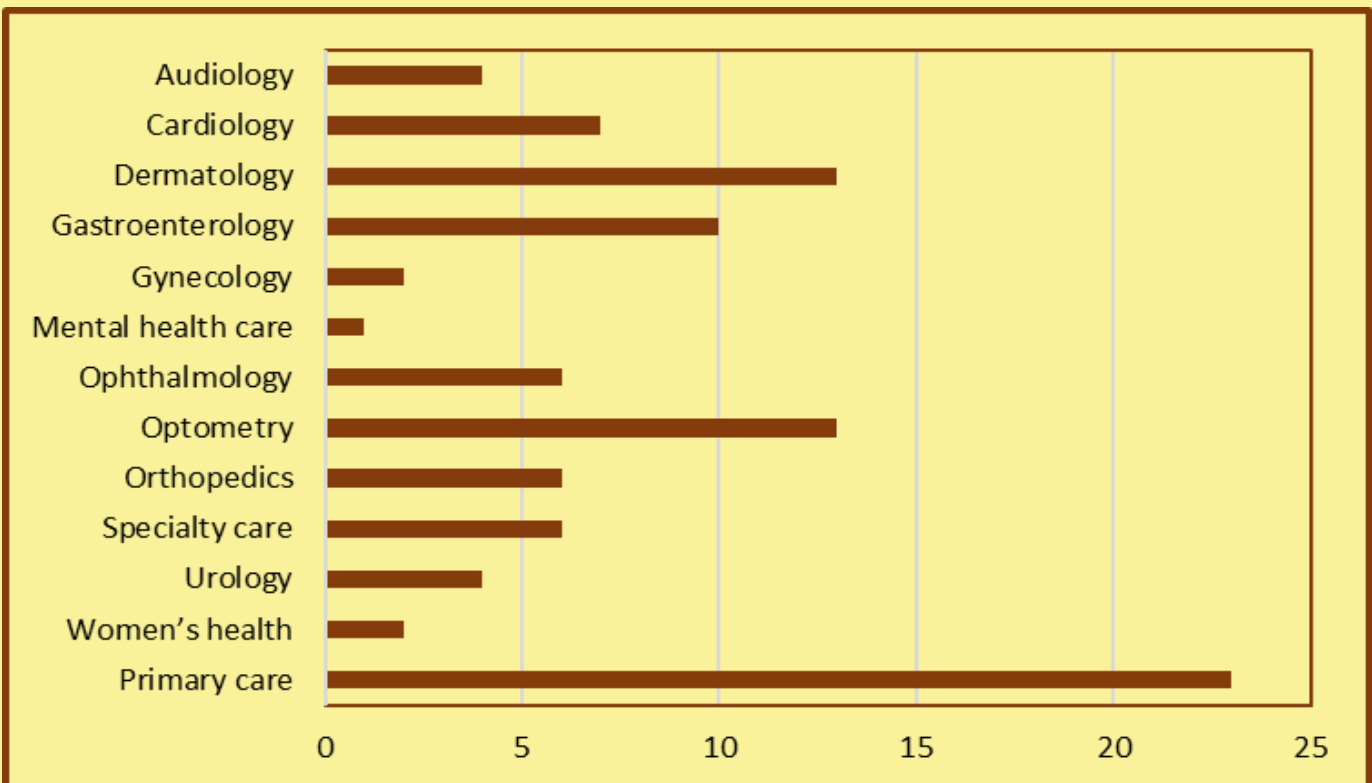
gy to do their follow up care at home!

Audiology is doing more virtual appointments, scheduling as many remote follow up visits as possible.

According to literature VA provided for Global Accessibility Awareness Day 2021, Veterans experience hearing problems at higher rates than non-Veterans, and at younger ages. About two million Veterans have a service-connected disability relating to hearing loss.

For more information about remote hearing aid programming, contact Christine Ulinski in Audiology at (708) 202-8387, ext. 22298 or 21002.

New Patient Wait Times at Hines



The average number of days a Veteran who hasn't been to Hines has to wait for a non-urgent appointment

Current as of May 17, 2021

“Stop the Bleed®” Training Helps Save Lives



Average time to bleed to death: 2-5 minutes or less
Average time for EMS to arrive: 7-10 minutes

This May was the fourth observation of “Stop the Bleed®” Month, with May 20 designated “Stop the Bleed® Day”

Stop the Bleed® is a program designed to allow bystanders to save lives by stopping bleeding before emergency help arrives.

Classes are available to teach people how to aid bleeding victims by applying direct pressure, packing a wound, or applying a tourniquet, depending on the location and severity of the bleeding.

The class was created by the American College of Surgeons. FEMA offers additional information at: [You Are the Help Until Help Arrives \(fema.gov\)](https://www.fema.gov/you-are-the-help-until-help-arrives)

Kits for sale through [StoptheBleed®.org](https://www.stopthebleed.org) feature materials used by the U.S. Department of Defense on the battlefield



2021 Accreditation Surveys

Hines completed a Joint Commission accreditation survey in March and will complete its Commission on Rehabilitation Facilities survey at the end of July.

Hines’ Director James Doelling effused, “We all came together to demonstrate to The Joint Commission the outstanding care we deliver to our nation’s heroes, receiving zero high level findings during our triennial survey.”

This year, as in the past, CARF will survey the Com-

prehensive Intensive Inpatient Rehabilitation Program on the 11th floor of Building 200 and the Amputation System of Care.

Other Rehabilitation programs that will be surveyed include the Spinal Cord System of Care and Blind Rehabilitation Services.

CARF was here last in 2018, surveying nine programs, all of which received full accreditation.

Staffing Updates

Rebecca Rogers was selected as Supervisor for Speech Therapy.

Phil Chiaramonte rejoins Rehab after nearly four years in the Director's Office, now as PM&R Therapy Manager.

Dwanda Henry has joined Rehab as Program Support Assistant for the Amputation System of Care.

After almost 33 years in PM&R and nine years serving as Editor of the *Physical Medicine & Rehabilitation* newsletter, Program Support Assistant Susan

Raich is moving on to a PSA position in Hines' Clinical Informatics Service.



Rock Stars

Binu Joseph, Physical Therapist

Own the Moment certificates

April: Erik Lindholm, Prosthetist; Eugene Lin, Prosthetics resident; entire Prosthetics Staff

May: Sally Stelsel, Physical Therapist

New Exercise Guidelines for Parkinson's Disease

Individuals with Parkinson's Disease benefit from regular, moderate to vigorous exercise in several ways.

In addition to improving quality of life, strength, and walking, exercising promotes better balance and mobility. It also may positively impact their thinking skills and decrease the depression and constipation which can plague them.

The American College of Sports Medicine and the Parkinson's Foundation recently released new exercise guidelines for frequency, intensity, time, type,

volume, and progressions of exercises for those with Parkinson's.

Recommendations are for 150 minutes weekly of aerobic activity; strength training; balance, agility, and multitasking; and stretching. Each should be performed at least 2-3 days per week.

The new recommendations are available in a downloadable poster format.

[View the Parkinson's exercise recommendations.](#)



One-stop resource for Veterans and their caregivers
www.va.gov/Geriatrics

Progressive Return to Activity Stages After TBI

Stage	Things to Do	
Stage 1—Relative Rest	<ul style="list-style-type: none"> • Light physical activities that don't make symptoms worse (e.g. walking at an easy pace) • Light leisure activities that don't make symptoms worse (e.g. TV, reading) 	<ul style="list-style-type: none"> • Communicate with friends and family for support
Stage 2—Symptom-Limited Activity	<ul style="list-style-type: none"> • Increase physical activity (e.g. take a walk, ride a stationary bike without resistance, do light household activities) • Light reading/computer work as tolerated 	<ul style="list-style-type: none"> • Eat a healthy diet and drink plenty of water
Stage 3—Light Activity (May be able to return to work with symptom-based limitations)	<ul style="list-style-type: none"> • Increase physical activities (e.g. elliptical or stationary bike without resistance, walk further, lift or carry light loads of less than 20 pounds) • More technical reading and computer work, go out in more crowded areas (e.g. grocery shopping) 	<ul style="list-style-type: none"> • Get plenty of sleep and take naps as needed in the early stages
Stage 4—Moderate Activity	<ul style="list-style-type: none"> • Increase physical activities (e.g. non-contact sports, hiking or running, resistance training as tolerated, including push-ups and sit-ups) • Carry weight across uneven terrain 	<ul style="list-style-type: none"> • Maintain or reduce use of caffeine, energy drinks, and nicotine
Stage 5—Intensive Activity	<ul style="list-style-type: none"> • Gradually increase high risk activities (e.g. contact sports) • Resume normal exercise routine 	<ul style="list-style-type: none"> • Take breaks if needed
Stage 6—Return to Full Activity	<ul style="list-style-type: none"> • Unrestricted activity 	

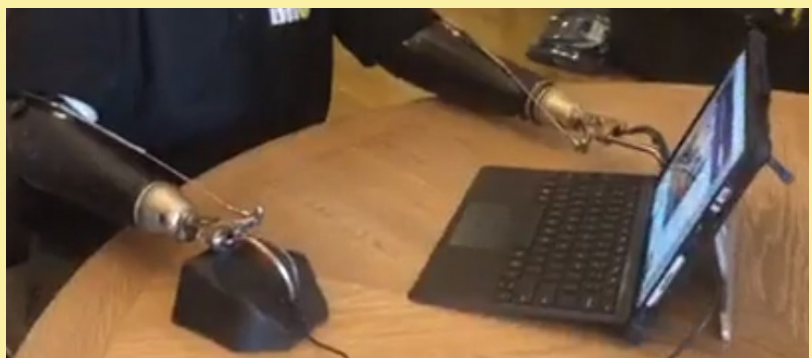
From *Progressive Return to Activity Following Acute Concussion/Mild Traumatic Brain Injury*, Military Health System health.mil

VA Researcher Develops “Prosthetic Mouse”

U.S. Veteran and VA researcher Dr. Rory Cooper has developed a computer mouse for use by individuals with upper limb amputations.

The Human Engineering Research Laboratories, a joint venture between VA Pittsburgh Health Care System and the University of Pittsburgh, has 3D-printed 100 copies of the mouse so far.

Three models are available: left- and right-handed models, and one for different size prosthetic hooks.



The mouse can also be used by those without disabilities.

Acupressure for Stress Relief and Wellness



Instructions: Massage each acupressure point indicated in the pictures below for 30 seconds in a circular motion.

Use the amount of pressure that feels comfortable and not painful.

Talk to your provider before using acupressure if you may be pregnant.

From VHA Office of Patient Centered Care and Cultural Transformation Integrative Health Coordinating Center

Prosthetics Management Named “Hines Heroes”



Prosthetics leadership team, (left to right) Jennifer Wasielewski, Chief of Prosthetics; Dr. Sri Ranjini Muthukrishnan, Associate Chief of Rehab, who oversees Prosthetics; Mary Muth, Assistant Chief of Prosthetics (now Acting Chief); Joel Heuring, Chief of Prosthetics Lab; James Olsen, Prosthetics Representative, (now Acting Assistant Chief); and Tommy Horning, Prosthetics Representative

Hines’ Prosthetics leadership team members were named “Hines’ Heroes” in the June 6 Hines Happenings weekly video.

The team was recognized by Prosthetics staff for their role in the outcomes the prosthetics team has achieved over the last couple of years.

Hines Director James Doelling noted, “The staff mentioned they have seen a significant improvement in providing care to Veterans and appreciate their leadership.

“The leadership team has implemented a new pro-

cess to improve patient care and customer service.

“This has led to orders being completed efficiently, timely orders well under national standards, and a significant reduction in direct patient issues.

“Many Veterans have also expressed their gratitude for the Prosthetics department at Hines.

Doelling concluded, “Thank you to the Prosthetics leadership team; their hard work and dedication are noticed and making a difference.”

Inpatient Programs Outcomes Data

In an effort to offer the highest quality of care for our Veterans participating in our inpatient rehab unit and the amputation care program, the Rehabilitation Service monitors several patient outcomes and their demographics. This monitoring activity helps the treatment team identify opportunities for improvement.

For additional information, contact Phil Chiaramonte at (708) 202-7834.

“What I liked best about my rehab stay:

“The people working with me.”

“The attitude and friendliness of all of the staff, with no exceptions. Interactions with all of the staff. Everyone seems to enjoy working here. That is the single most important ingredient.”

“Patience, understanding, compassion.”

“Everyone was very supportive ... listening to my needs and helping me meet them.”

“The staff are good listeners and helpful and friendly.”

“The staff! They were kind, caring, compassionate, and seemed to share a common goal--my success.”

“The attention and professional service by all staff; very pleased with everything. The courteous and professional attitude by all staff.”

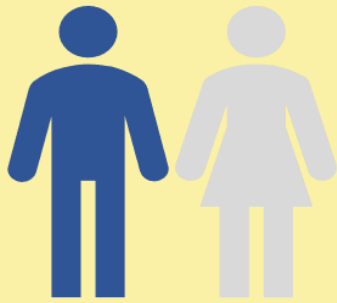
“Private room and attentive care.”

“Nice nurses and techs who helped me.”

“The nursing staff were exceptional caregivers; what I liked best about rehab stay: the staff, the staff, the staff.”

“The staff and the services were exceptional and far exceeded my expectations. The staff! They were kind, caring, compassionate, and seemed to share a common goal--my success. I don't have enough words to express my sincere gratitude to all who touched me during my stay. May God bless each and every member of this dedicated and committed staff. I leave so much better than when I arrived.”

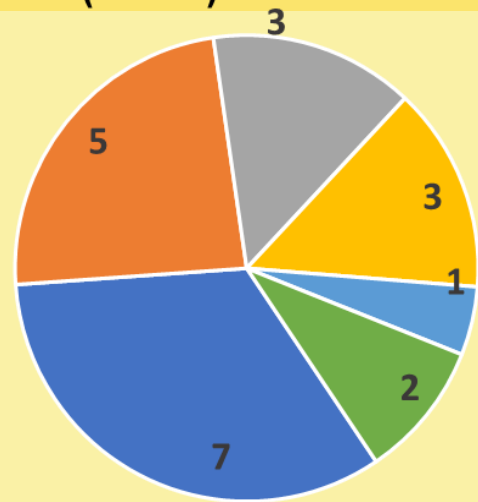
Rehabilitation Outcomes Data – Patients *admitted* between October – December 2020 Comprehensive Inpatient Rehab (CIIRP)



100% Male
0% Female

Type of Impairment

- Orthopedic
- Stroke
- Amputee
- Brain
- Med Complex
- Spine



LENGTH OF STAY

14 days

Hines VA

21 days

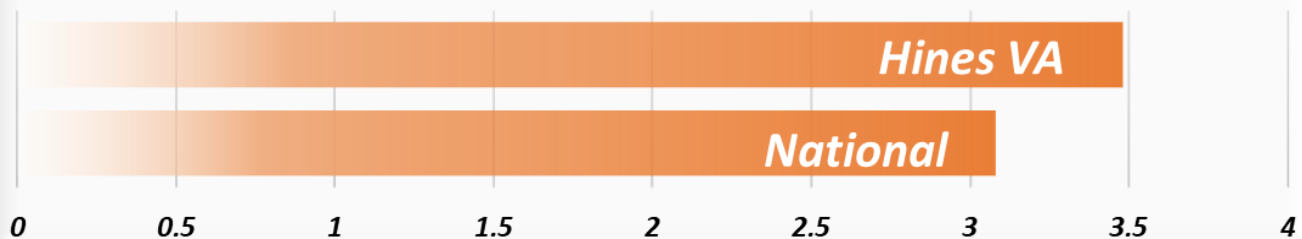
National

HOURS OF THERAPY

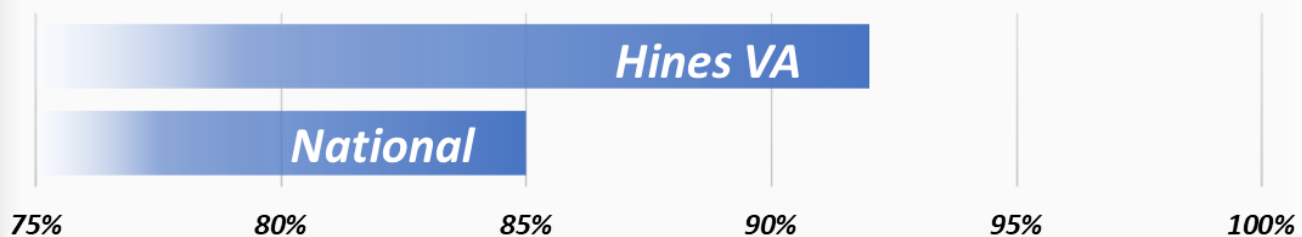
3-4 hours per day



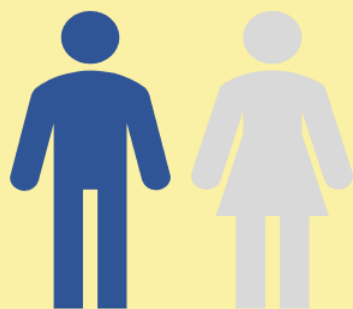
FUNCTIONAL IMPROVEMENT EFFICIENCY



PERCENT OF PATIENTS DISCHARGED HOME



Rehabilitation Outcomes Data – Patients *admitted* between October – December 2020 Inpatient Amputation Specialty (AMP)



100%

Male

0%

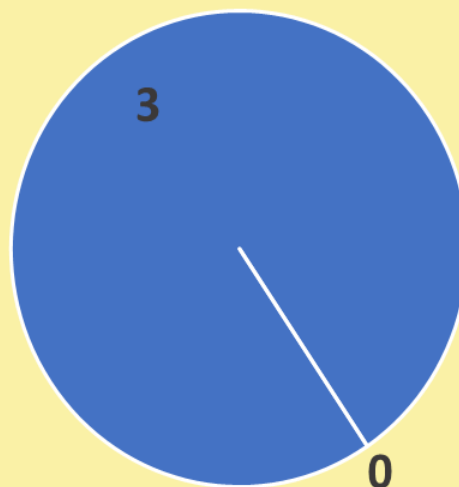
Female

Average age: 64

Type of Amputation

■ **Transtibial**

■ **Transfemoral**



LENGTH OF STAY

**15
days**

Hines VA

**19
days**

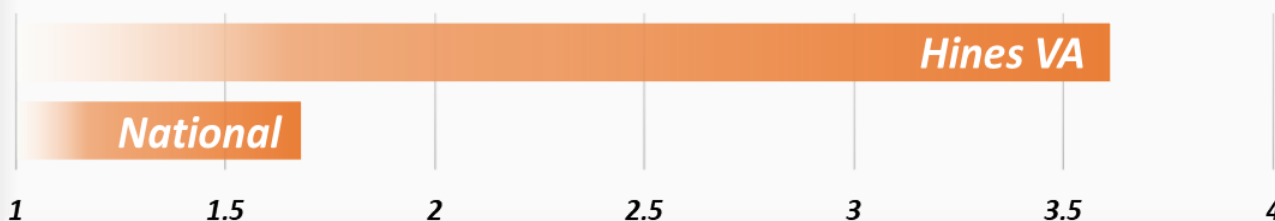
National

HOURS OF THERAPY

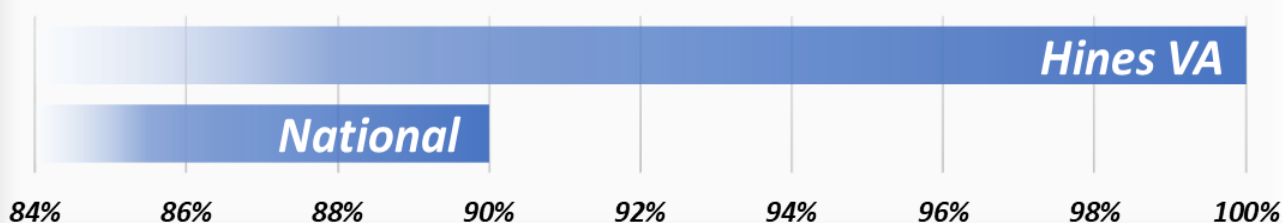
3-4 hours per day



FUNCTIONAL IMPROVEMENT EFFICIENCY

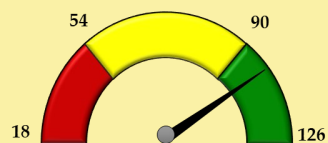


PERCENT OF PATIENTS DISCHARGED HOME



Inpatient Rehab Durability and Satisfaction Outcomes – Patients *discharged* between October – December 2020

Functional Independence Measure (FIM)

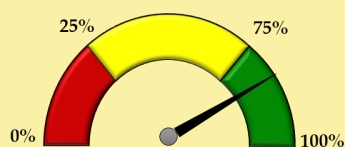


108.8 = Hines rating for October – December 2020

108.3 = National Benchmark

FIM is used to track changes in functional ability of a patient during rehabilitation care

Own Care Maintenance

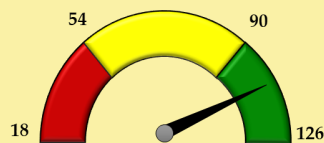


86.7% = Hines rating for October – December 2020

93.2% = National Benchmark

Inpatient Amputation Durability and Satisfaction Outcomes – Patients *discharged* between October – December 2020

Functional Independence Measure (FIM)

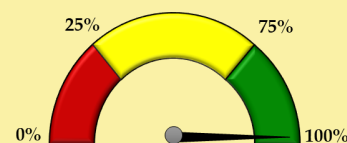


110 = Hines rating for October – December 2020

102.9 = National Benchmark

FIM is used to track changes in functional ability of a patient during rehabilitation care

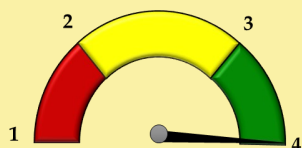
Own Care Maintenance



100% = Hines rating for October – December 2020

93.1% = National Benchmark

Patient Satisfaction

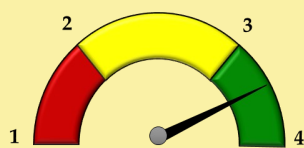


4 = Hines rating for October – December 2020

3.63 = National Benchmark

Score Rating: (1) Very dissatisfied, (2) Somewhat dissatisfied, (3) Somewhat Satisfied, (4) Very Satisfied

Improved Quality of Life

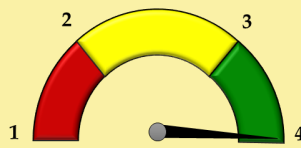


3.87 = Hines rating for October – December 2020

3.39 = National Benchmark

Score Rating: (1) Strongly Disagree, (2) Somewhat Disagree, (3) Somewhat Agree, (4) Strongly Agree

Patient Satisfaction

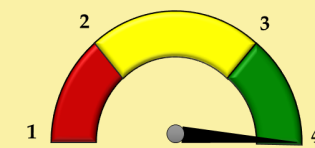


4 = Hines rating for October – December 2020

3.6 = National Benchmark

Score Rating: (1) Very dissatisfied, (2) Somewhat dissatisfied, (3) Somewhat Satisfied, (4) Very Satisfied

Improved Quality of Life

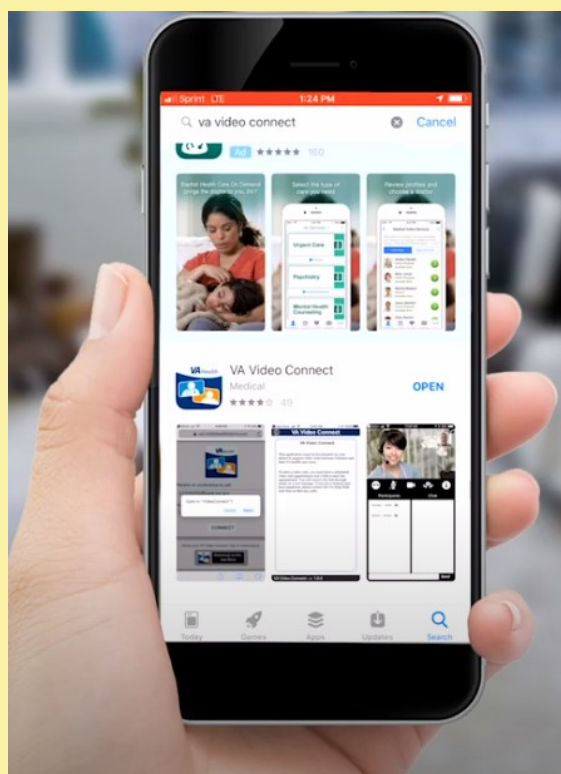


4 = Hines rating for October – December 2020

3.4 = National Benchmark

Score Rating: (1) Strongly Disagree, (2) Somewhat Disagree, (3) Somewhat Agree, (4) Strongly Agree

VA Video Connect Marks One Year of Use



For more than a year now, VA Video Connect has been the primary method to connect Veterans and their primary care providers. Other services are now using VVC also.

With VVC, there's no need to worry about travel or parking. Veterans can receive care from home, or in some cases, a non-VA facility.

It's easy to meet with any VA provider, even specialists who are not close by.

VVC is a good choice for Veterans who are too busy to attend in-person appointments regularly.

Physical Medicine and Rehabilitation clinicians have VVC appointments available now for select patient populations.

Testing the connection is recommended before meeting on-line in the actual secure VVC visit.

For more information, visit <https://mobile.va.gov/app/va-video-connect>

Safe Patient Handling and Mobility Stars



(L to R) Dawn Ellis and Emily Garza demonstrate use of a ceiling lift

As part of Safe Patient Handling and Mobility month, physical therapists Emily Garza and Dawn Ellis were featured in an April Hines Happenings video.

Garza, who has been a unit peer leader for about 11 years, and Ellis, who is the Coordinator of Safe Patient Handling and Mobility at Hines, demonstrated the use of the ceiling lift to work on patient balance.

Per Ellis, staff at Hines and across the VA are not to lift more than 35 pounds of living weight, but rather to use a lift for staff and Veteran safety.

Hines' Safe Patient Handling and Mobility program is more than 13 years old.

Hines Implements COVID "Bubble" Helmet

(continued from page 1)

faces are unrestricted, the helmets are less likely to trigger Veterans' pre-existing PTSD.

Patients can communicate with caregivers more easily, take sips of water, and independently adjust the

helmet for comfort as well.

Instructions on how to use the helmets were hard to find. Hines' nurses and respiratory therapists trained themselves in proper use of the helmet by digging through research studies and using it on each other.

Once they felt competent using the helmet, staff found a Veteran patient with COVID who volunteered to use one. Pulmonary staff reported good respiratory effects were noted almost immediately.

Since then, Hines acquired more helmets for use with additional patients, and other VA's followed Hines' lead and began using the helmets as well.

Once they felt competent using the helmet, staff found a Veteran patient with COVID who volunteered to use one. Pulmonary staff reported good respiratory effects were noted almost immediately.

Since then, Hines acquired more helmets for use with additional patients, and other VA's followed Hines' lead and began using the helmets as well.

Contact Information

Chief of Rehabilitation Service
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Outpatient (PM&R) Consumer Representative
Phil Chiaramonte (708) 202-7834

Inpatient (11E) Consumer Representative
Lora Coffelt (708) 202-1604

We're on the web!

https://www.hines.va.gov/services/rehab_main.asp



To submit information to future newsletters, contact Phil Chiaramonte at Phillip.Chiaramonte@va.gov or (708) 202-7834